



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov



CONFIRMATION NO. 1946

Bib Data Sheet

| | | | | |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER 10/719,102 | FILING OR 371(c) DATE 11/21/2003 RULE | CLASS 514 | GROUP ART UNIT 1624 | ATTORNEY DOCKET NO. 01-0163-CIP2 |
|-----------------------------|--|--------------|------------------------|--|

APPLICANTS

Elfatih Elzein, Fremont, CA;
 Rao Kalla, Cupertino, CA;
 Tim Marquart, Mountain View, CA;
 Jeff Zablocki, Mountain View, CA;
 Xiaofen Li, Palo Alto, CA;

**** CONTINUING DATA *******

MB
 This application is a CIP of 10/431,167 05/06/2003 PAT 6,977,300 which is a CIP of 10/290,921
 11/08/2002 PAT 6,825,349
 which claims benefit of 60/348,222 11/09/2001
 and claims benefit of 60/401,408 08/05/2002

**** FOREIGN APPLICATIONS ********N/A***IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 02/20/2004

| | | | | |
|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 0 | TOTAL CLAIMS 55 | INDEPENDENT CLAIMS 5 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

27716

TITLE

A2B adenosine receptor antagonists

| | | |
|----------------------------|---|---|
| FILING FEE RECEIVED 851 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|----------------------------|---|---|